Montana Medicaid

CLAIM JUMPER

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Medicare Coinsurance and Deductible in the 2300 HI 01-2 Loop

Montana's Healthcare Programs currently accept Medicare amounts in the 2300 HI, 2320 CAS and 2430 CAS loops when submitted in the 837 transaction. Medicare implemented a change in July 2007 so that claims crossing over from the COBA Contractor (GHI) no longer contain Medicare coinsurance and deductible if submitted only in the 2300 HI value code fields. Effective July 1, 2008, Montana's Healthcare Programs will no longer accept Medicare coinsurance and deductible amounts in the 2300 HI 01-2 loop in accordance with the change made by Medicare last year. We will only accept these amounts in the 2320 CAS and 2430 CAS loops. Details can be found in the CMS Transmittal 261, Change Request 5411.

The National Uniform Billing Committee (NUBC) has restricted the use of value codes A1, A2, A7, B1, B2, B7, C1, C2, and C7 to paper claims. These value codes are no longer available for use on the X12N 837 institutional claim transaction.

Reporting Tips for Providers Using National Drug Codes (NDC) on the Paper CMS-1500 and 837P

Effective April 1, 2008, Montana Medicaid began requiring all claims submitted for rebatable physician-administered drugs to include the NDC(s), the corresponding CPT/HCPCS code, and the units administered for each procedure code and NDC. This includes paper claims and electronic claims.

It is important to remember that a valid NDC must contain 11 digits following the 5-4-2 format and must be entered without hyphens, commas, or spaces. ***Do not*** include the name of the drug when reporting the NDC.

On the paper CMS-1500, under Field 24, record the NDC for each CPT/HCPCS code for physician-administered drugs in the shaded area of 24A. This must include the N4 qualifier, the 11-digit NDC, the unit of measure, and the NDC quantity. Again, ***do not*** include the name of the drug when reporting the NDC. If you are reporting more than one NDC per CPT/HCPCS code, use the attachment found in the revised provider notice dated April 10, 2008. The link to the notice is located at the end of this article.

On the electronic form 837P, the NDC is reported in Loop 2410, Segment LIN, Data Element 03. You may report up to 25 NDCs for each CPT/HCPCS code for physician-administered drugs. When using the 837P, record the 11-digit NDC, the unit of measure, and the NDC quantity. The drug unit price and prescription number are not required fields. Again, do not include the name of the drug when reporting the NDC.

Additional information, examples, and forms are located in the revised provider notice dated April 10, 2008, at the following web address: http://medicaidprovider.hhs.mt.gov/pdf/ndcbillinginst041008.pdf.

Submitted by Rey Busch, DPHHS

DME Reminder

Durable medical equipment providers should remember to check the current HCPCS code book for code descriptions and what constitutes one (1) unit. One example is A4253–blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Another example is A4259–lancets, per box of 100.

Limits have been set on A4253 at five, which means providers are dispensing 250 strips for one month, and A4259 at three, meaning providers are dispensing 300 lancets per month.

Submitted by Fran O'Hara, DPHHS

Coding Regulations

Providers need to ensure they are following correct coding requirements to avoid potential billing errors. Providers can determine the appropriateness of coding by having current procedural terminology (CPT) books, Health Care Professional Coding System (HCPCS) books, and International Classification of Diseases 9th revision (ICD-9) books to ensure the services provided meet the full definition of the codes that are billed on claims submitted to Medicare and Medicaid.

Submitted by Patricia Osterhout, DPHHS

Hospital APR-DRG Training

On October 1, 2008, Montana Medicaid will implement a new reimbursement method for all hospital types except Critical Access Hospitals (CAHs). This new method is based on All Patient Refined Diagnosis Related Groups (APR-DRG). The Department, in conjunction with ACS, Inc.

and 3M Health Information Systems, will offer four trainings in August to help hospitals prepare for this change.

The training schedule for all trainings will be as follows:

9:30 a.m. - 10 a.m.	Financial impacts
10 a.m. - 10:15 a.m.	Break
10:15 am - 12 p.m.	Coding and billing review

Training sites and dates:

August 12: Community Medical Center, Missoula, 2827 Fort Missoula Road, Conference Rooms K and L (Rehabilitation Institution; entrance is to the left of the revolving doors of the main hospital entrance)

August 13: Benefis Health Care, Great Falls, Benefis West, 500 15th Ave. S., Lewis and Clark Conference Room

August 18: Bozeman Deaconess Hospital, Bozeman, 915 Highland Blvd., Bitterroot Room, Conference Room F (main entrance, left towards cafeteria)

August 19: Billings Clinic, Billings, 2800 10th Ave. N., HCC Rooms B and D (between 9th and 10th Avenues North and between North 27th Street and North 28th Street)

Submitted by Deb Stipcich, DPHHS

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the ***Claim Jumper*** and on the Medicaid website (mtmedicaid.org).

Medicaid/Medicare Dual Eligible Take-Home and Self-Administered Drugs

This notice pertains only to Medicaid clients who also have Medicare coverage. With the advent of Medicare part D, Medicare parts A and B will not cover take-home and self-administered drugs. Therefore, when your hospital claim crosses over to Medicaid from Medicare, the take-home and self-administered drug line(s) will deny.

Scenarios

If the drug is covered by Medicare part D and covered by Medicaid: Have the client submit the drug line(s) to Medicare part D. Then submit the claim with the drug line(s) only and the Medicare part D EOMB to the Department to have Medicaid pay the coinsurance and deductible.

If the drug is covered by Medicare part D but not Medicaid: Have the client submit the drug line(s) only to Medicare part D and have the client pay the Medicare coinsurance and/or deductible.

If the drug is not covered by Medicare part D but is covered by Medicaid: Submit the claim with the drug line(s) only and the Medicare part D EOMB directly to the Department and have the client pay the Medicaid cost sharing amount.

If the drug is not covered by Medicare part D nor by Medicaid: Have the client pay for the drug line(s).

If the drug is not covered by Medicaid, please inform the client prior to service of their payment responsibilities. You may contact Kathi Salome at Montana Medicaid at 444-7002 to assist you in determining if the drug is covered by Medicare part D and/or Montana Medicaid's hospital program.

Claims to be sent to the Department should be sent to:

Kathi Salome, Claims Investigator
DPHHS/HRD/Hospital and Clinic Services Bureau
P. O. Box 202951
Helena, MT 59620-2951

Submitted by Bob Wallace, DPHHS

Resubmission of Denied Claims

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services implemented enhanced claims editing to identify situations where correct procedure coding principles needed to be improved. This change affected many providers who bill for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes.

Some of these edits use historical claims information in determining if a service is payable. In some situations, denied claims processing in the same cycle will cause a resubmitted correction to also deny. When a claim is denied, it is important to remember to wait until the denied claim has completed the payment cycle and appears on your remittance advice before resubmitting a corrected claim or line.

Submitted by Patricia Osterhout, DPHHS

Multiple Conversion Factors for RBRVS Providers

Effective July 1, 2008, Montana's Healthcare Programs will be using four conversion factors to calculate payment for services rendered by RBRVS providers. The four conversion factors will affect the following provider types:

- Anesthesiology Services: CPT codes 00100 – 01999.
- Physician Services: EPSDT, podiatry, dentist (billing medical procedures), physician, lab and x-ray, mid-level practitioners, QMB chiropractors, public health clinics, psychiatrists, and independent diagnostic testing facilities.
- Allied Services: physical therapy, speech therapy, audiologist, occupational therapy, optometrist, optician, schools.
- Mental Health Services: psychologist, social workers, licensed professional counselors.

The use of these conversion factors will be based on the rendering provider type on the claim.

Payments to providers are calculated using the rate of reimbursement based on the procedure code multiplied by the conversion factor, as well as relative value units (RVUs) and policy adjusters when appropriate.

These changes were the result of Senate Bill 354, passed during the 2007 Legislature to achieve the overall budget appropriation for Medicaid provider services.

Provider File Updates

Providers who have already completed their reenrollment with Montana's Healthcare Programs in conjunction with the implementation of NPI do not need to complete a new enrollment if their information changes. If a reenrolled provider needs to update their provider file (i.e., change of practice location, billing address, tax information, etc.), they should mail the new information to Provider Relations, P.O. Box 4936, Helena, MT 59604 or fax to (406) 442-4402, Attention: Provider File Updates. Health care providers who have not yet reenrolled with their NPI, or atypical providers for a new proprietary ID, should so so immediately.

14,250 copies of this newsletter were printed at an estimated cost of $.36 per copy, for a total cost of $5,174.93, which includes $2197 for printing and $2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select ***Resources by Provider Type*** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	**Provider Type**	**Description**
Notices and Replacement Pages		
05/05/08	School-Based Services	Montana Healthcare Schools Reenrollment and Billing CSCT (revised)
05/06/08	Case Management, Targeted Case Management, Home and Community-Based Services	New Rules for Case Management
05/07/08	Chemical Dependency	New Rules for Case Management
05/13/08	Inpatient Hospital, Outpatient Hospital	Medicaid/Medicare Dual Eligible Take-Home and Self-Administered Drugs
05/21/08	Pharmacy, Physician, Mid-Level Practitioners	Maintenance Medications, Pharmacy Dispensing Fee Increase, and Signature Log Requirements
05/23/08	All Provider Types	Frequently Asked Questions About NPI Reenrollment and Billing (also posted on home page)
05/28/08	FQHC	New Rules for Case Management
05/29/08	All Provider Types Except Pharmacy, Dentists, DME, Ambulance, RHC, FQHC, IHS	When to Submit an NDC (National Drug Code) If You Are Billing as a 340B Provider
Fee Schedules		
05/06/08	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
Other Resources		
05/01/08	All Provider Types	News item regarding Noridian Merger to Affect COBA Trading Partners
05/05/08, 05/12/08, 05/19/08, 05/27/08	All Provider Types	What's New on the Site This Week
05/09/08	All Provider Types	News item regarding NPI Required for Eligibility Verification
05/09/08	All Provider Types	Link to Montana Access to Health tutorial moved from news section of home page to left column navigation menu
05/12/08	All Provider Types	June 2008 *Claim Jumper*
05/15/08	All Provider Types	Local Offices of Public Assistance Contacts updated on Medicaid Information page
05/19/08, 05/27/08	Pharmacy	Agenda for May 28 DUR Board meeting
05/20/08	Pharmacy	Manufacturer-submitted information for May 28 DUR Board meeting
05/28/08	All Provider Types	NPI section added to FAQs page

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website: http://www.mtmedicaid.org
ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 624-3958
Provider Relations
(800) 624-3958 (In- and out-of-state)
(406) 442-1837 (Helena)
(406) 442-4402 Fax
Email: MTPRHelpdesk@ACS-inc.com
TPL (800) 624-3958 (In- and out-of-state)
(406) 443-1365 (Helena)
(406) 442-0357 Fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 362-8312
Prior Authorization
Mountain-Pacific Quality Health Foundation (800) 262-1545
Mountain-Pacific Quality Health Foundation—DMEPOS/Medical
(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604